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STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
FREEDOM PR	OJEÇT; THE	
ADDRESS (number and s	631-B Pennsylvania Ave., SE	
(Check if address is changed)	Washington	DC 20003 - 1
	CITY▲	STATE▲ ZIP CODE ▲
(Check if address is changed)	L ADDRESS (Please provide only one e-mail address) waskew@freedomproject.org	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) www.freedomproject.org	
 DATE M M M M M O 5 FEC IDENTIFICA IS THIS STATEM 	1 2 2 0 0 9 TION NUMBER C C00305805	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct Treasurer Margee Clancy	and complete
Signature of Treasurer	Electronically Filed by Margee Clancy	Date 05 12 7 2009
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this S ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further informatio Federal Election Comm Toll Free 800-424-953	ission FEC FORM 1